

## REQUIREMENTS FOR CALIFORNIA STATE CERTIFICATION IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY

### EXAMINATION REQUIREMENTS

1. Applicants must be California-certified in Diagnostic Radiologic Technology.
2. Applicants, who document passing the American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography, ARRT(M), will be issued a California certificate in Mammographic Radiologic Technology without examination.
3. To become ARRT-certified in Advance Qualification in Mammography, contact the American Registry of Radiologic Technologists (ARRT) directly.
4. Applicants who can not document having passed the ARRT(M) examination, must take and pass the **state Mammographic Radiologic Technology Examination** administered by the American Registry of Radiologic Technologists (ARRT). **NOTE:** The state examination administered by the ARRT is used for state certification only.

### APPLICATION PROCESS

1. Submit a COMPLETE Radiologic Health Branch (RHB) Mammographic Radiologic Technology application.
2. Submit **RHB APPLICATION FEE** of \$45.78 in the form of a check or money order payable to the **California Department of Health Services-Radiologic Health Branch (CDHS-RHB)**.
3. Submit documentary evidence that applicant is California-certified in diagnostic radiologic technology.
4. Submit documentary evidence of having completed 40 hours of continuing education in mammography courses **OR** of having passed the ARRT(M) examination.
5. Applicants required to take the state examination (see Examination Requirements above) must also submit to the Department an **EXAMINATION FEE** of **\$100.00** in the form of a cashier's check or money order (*personal checks will not be accepted*) made payable to the **American Registry of Radiologic Technologists (ARRT)**.
6. Mail all material to the California Department of Health Services.

### EXAMINATION PROCESS

1. **Applicants approved to take the state Mammographic Radiologic Technology examination administered by ARRT will receive examination scheduling information from ARRT.**
2. **RHB will inform applicants of examination results.**
3. **The fee paid to ARRT to take the state Mammographic Radiologic Technology examination is nonrefundable.**

**APPLICATION FOR A CERTIFICATE IN MAMMOGRAPHIC RADIOLOGIC TECHNOLOGY**

Last name		First name	Middle initial	Date of birth
Mailing address (number, street)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	ZIP code	Home telephone number (     )	
Social security number	E-mail address	Fax number (     )	Work telephone number (     )	

**NOTE:** All information on this application is releasable to the public. You may submit a P.O. box number rather than a home address if no other business address is available. California Public Records Act (PRA), Government Code, Sections 6250, et seq.

California diagnostic radiologic technology certificate number: \_\_\_\_\_

Please provide previous name(s) used if applicable: \_\_\_\_\_

Have you passed the American Registry of Radiologic Technologists examination for Advanced Qualification in Mammography, ARRT(M)?

☐ YES ☐ NO

If YES, submit the following:

- (1) Completed application form
- (2) Application fee
- (3) Copy of your California Diagnostic Radiologic Technology Certificate
- (4) Documentary evidence that you have passed the ARRT(M) examination

If NO, submit the following:

- (1) Completed application form
- (2) Application fee
- (3) Examination fee
- (4) Copy of your California Diagnostic Radiologic Technology certificate
- (5) Documentary evidence of completion of 40 hours of continuing education in Mammography courses

**OATH:** I hereby attest that the submitted documents and information are true and accurate. I understand that submitting false documents or information is a misdemeanor punishable under California law. Further, I know that I may not expose human beings to X-rays in California unless I am authorized to do so by the California Department of Health Services, Radiologic Health Branch.

**PLEASE READ PRIVACY NOTIFICATION ON THE REVERSE SIDE BEFORE SIGNING.**

Signature of applicant	Date
<b>Mail application, supporting documents, and fee(s) to:</b>  California Department of Health Services Radiologic Health Branch, Certification Unit MS 7610 P.O. Box 997414 Sacramento, CA 95899-7414	<b>DEPARTMENT OF HEALTH SERVICES' USE ONLY</b>  180 days: _____ School code: _____ <input type="checkbox"/> Fee paid

**Class code:** \_\_\_\_\_ **Certificate number:** \_\_\_\_\_ **Issue date:** \_\_\_\_\_

**Issued by:** \_\_\_\_\_ **Coded by:** \_\_\_\_\_ **Date coded:** \_\_\_\_\_

**PRIVACY NOTIFICATION:** This information is requested by the California Department of Health Services, Radiologic Health Branch, and is needed to determine your eligibility for admission to the mammographic examination pursuant to Section 107005 of the Health and Safety Code. Unless otherwise noted, the information requested is mandatory. Failure to provide the information may result in denial of your application. The information may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact California Department of Health Services, Radiologic Health Branch, Chief, Certification Unit, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414; telephone (916) 327-5106; or [www.dhs.ca.gov/rhb](http://www.dhs.ca.gov/rhb).

***THIS SPACE FOR DEPARTMENT OF HEALTH SERVICES ONLY***

Comment: \_\_\_\_\_

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